

USAID/Cambodia
ANNUAL REPORT FY 2003

3/13/2003

Please Note:

The attached RESULTS INFORMATION is from the FY 2003 Annual Report and was assembled and analyzed by the country or USAID operating unit identified on the cover page.

The Annual Report is a "pre-decisional" USAID document and does not reflect results stemming from formal USAID review(s) of this document.

Related document information can be obtained from:

USAID Development Experience Clearinghouse

1611 N. Kent Street, Suite 200

Arlington, VA 22209-2111

Telephone: 703-351-4006 Ext 106

Fax: 703-351-4039

Email: docorder@dec.cdie.org

Internet: <http://www.dec.org>

Portions released on or after July 1, 2003

A. Program Level Narrative

Program Performance Summary:

Background: Cambodia faces significant challenges in its efforts to spur economic growth. With a low annual per capita GDP of \$280, Cambodia is one of the poorest countries in Asia. Poverty is pervasive, with 40% of the population below the poverty line.

The Royal Government of Cambodia largely met its overall targets for revenue, expenditures and domestic financing in 2001. GDP growth was 5.3% in real terms, with low inflation and a stable exchange rate. Budgetary allocations for social sectors have begun to increase as expenditures for defense and security decline, yet donors provide 58% of the domestic budget. Cambodia's economic growth strategy is firmly based on the private sector. The trade regime has opened up: the number of tariff areas has declined from twelve to four, and the highest tariff rate of 130% was reduced to 35%. Cambodia has been fast-tracked for accession to the World Trade Organization, a goal it expects to achieve in 2003. As chair of Association of Southeast Asian Nations, Cambodia gained international prestige when it hosted the annual Summit in November 2002. Civil society organizations that advocate for change and deliver services have grown in numbers and maturity.

These positive indicators mask severe fundamental constraints across key sectors. Although the trend is slowly improving, human resources capacity has not expanded sufficiently to meet needs, resulting in institutional weakness in government services and limitations for private sector growth. About 80% of Cambodians are engaged in subsistence agriculture, a sector with insufficient growth to keep up with population increases. Life expectancy is in the mid-50s, population growth is 2.5%, and infant mortality is 95 per 1000. Cambodia's population is young, with 53% of the population below the age of 18. Half of all children are malnourished, and 20% are severely stunted. Maternal mortality rates are estimated at 437 per 100,000 live births, the highest in the region. The high incidence of HIV/AIDS infections, estimated at 2.6% of the general population, is straining the weak health care system, as well as the public and private organizations that experience losses of staff.

Education indicators remain very low. The rate of adult literacy is estimated at 37.1% in a recent United Nations study. Enrollment in primary school has increased in recent years, and is estimated at 84% for boys and 82% for girls. At the secondary school level, the rates fall sharply to 17% of boys and 14% of girls. Budgetary allocations for social sectors are greatly insufficient, although they have begun to increase with donor pressure.

Economic growth is mainly concentrated in two sectors: garments and tourism. These two sectors account for approximately one-third of GNP and garments accounts for 86% of exports. Yet the two sectors employ no more than a tenth of the labor force, which is growing at about 5% per year. With 55% of the population below the age of 18, a demographic tidal wave of job seekers will strain economic and social systems. Despite donor attempts to support economic reforms, increases in private sector investment and employment generation have been disappointing. The impending abolishment of the quota system globally in December 2004 poses the real danger that Cambodia may lose its market share in the U.S. for garments, and jobs, to lower-cost producer countries. With so few jobs in the economy, Cambodia is a haven for trafficking in persons and child prostitution.

Rural poverty is pervasive, and may be worsening. Few benefits from economic growth in garments and tourism are reaching the rural poor. Landlessness has increased from 3% in 1984 to 15% of the rural population in 2001. A recent survey indicates that 6.6% of families lost their land due to expropriation, usually by those with more power and influence. Within fishing villages, 24% of families are landless. Though many rural Cambodians depend on fish for a livelihood and to supplement their meager diets, fishing rights to the best fishing areas are often granted to those with influence, due to corruption. Forest resources are being depleted by powerful vested interests, at the expense of communities that rely on forest products for their livelihood and ability to cope with famine.

The reform agenda needed to spur economic growth includes an improved legal framework, consistent application of the law in a transparent and timely manner, financial sector reforms, civil service and administrative reforms, a reduction in corruption and the cost of doing business, and environmental protection. The opportunity for public debate and action on issues facing the country is narrowly confined and largely controlled by the dominant political party, the Cambodia People's Party (CPP), which has maintained power since 1983. The National Assembly election in mid-2003 will be the third since the Paris Peace Accords of 1991. With each election, the level of violence and candidate and voter intimidation has decreased. However, major concerns continue with respect to intimidation, arrest and prosecution of offenders involved in intimidation, equal access to radio and television for all political parties, and fair and impartial decisions by the National Election Committee.

U.S. Interests and Goals: The United States' main foreign policy objectives in Cambodia are to promote democratic practices, good governance and institutionalized protection of human rights; to support market-led economic growth to combat poverty; to support targeted interventions to fight the spread of infectious diseases, especially HIV/AIDS; and to improve maternal child health.

The U.S. Department of Labor, the Fish and Wildlife Service and the Center for Diseases Control and USAID are working together in the delivery of assistance for the achievement of U.S. objectives. The Department of Labor helped to establish 60 new labor unions for the first time in the garment industry, and labor strikes declined by 40% this year. The Fish and Wildlife Service supports programs to safeguard national parks and wildlife, and has been instrumental in designating and protecting national parks. The Center for Disease Control has a major program to prevent HIV/AIDS.

Donor Relations: The two largest donors are multilateral banks. The Asian Development Bank finances health and education, poverty alleviation, agriculture and roads. The World Bank funds the social sectors, governance and rural development. The United States is the second largest bilateral donor, after Japan. Japan focuses on a range of activities, including judicial reform, trade and investment, industrial promotion, transportation, power, telecommunications, the social sectors and humanitarian aid. France is predominant in the area of higher education in law and medicine, and legal and judicial reform. The United Nations Development Program supports RGC programs in health, education, governance, elections and administrative reform. Australia, Germany, the United Kingdom, Sweden and the European Union provide funds to the government for elections, governance, basic education, health, and HIV/AIDS, environment, rural development and poverty reduction. China wields considerable influence in Cambodia, but the size of its aid program is not known. Cambodia's small Muslim community receives assistance from Saudi Arabia and other donors. Donors meet regularly in formal consultative groups. Donor consultation and coordination is particularly strong in the health, education and HIV/AIDS sectors.

Challenges: Cambodia continues to face severe challenges to establish the foundations for democratic governance and economic development. Its weak human resources base slows development across the board. Corruption has long existed and continues to impede efficient resource allocation and social equity. Pervasive poverty, which may be deepening, makes these challenges more difficult to address. The legal foundations for respecting human rights and for free and fair elections are largely in place, but the judicial process is distorted by the influence of the rich and powerful. While the government has undertaken some needed reforms, these are largely due to donor pressure. The enforcement of key laws and the implementation of key reforms are uneven, inconsistent, and impeded by weak government capacity or lack of political will. The fledgling private sector is developing a small middle class from tourism and the garment industry. The private sector's capacity to respond to emerging market opportunities is aggravated by weak financial markets, and low technical and managerial capacity.

Key Achievements: USAID has three development objectives in Cambodia: 1) to increase competition in Cambodian political life, to enable citizens to compete for their basic human and economic rights; 2) to increase use of high-impact HIV/AIDS and family health services and appropriate health-seeking behaviors; and 3) to increase the relevance and quality of basic education. Within the context of democratic governance, the program also supports opportunities in economic growth and environmental activities.

The year 2002 witnessed the completion of the prior Strategic Plan, which supported the establishment of the legal framework for free and fair elections and the evolution of civil society in the democracy and human rights arena; improved child survival rates and other health indicators; reduced the incidence of HIV/AIDS infections; and provided humanitarian assistance to disabled persons including war and landmine victims. The USAID program was executed primarily through Cambodian and international non-government organizations (NGOs). Key achievements include:

1. Strengthened Democratic Processes and Respect for Human Rights. The USAID democracy program works through private Cambodian and international organizations. Years of support have fostered the evolution of strong, motivated NGOs in Cambodia which are able to press for democratic reforms and to raise funds for their programs.

In 2002, Cambodia held its first multi-party Commune Council elections, allowing citizens to elect their own local government officials. USAID-funded grantees played a significant role in village-level voter education, training and encouraging women candidates to run, organizing debates, broadcasting voter education public service announcements and monitoring the electoral process. The elections had decreased intimidation and enhanced integrity of the election process. Women candidates won 954 seats, increasing their representation from less than 1% to 8.5%, including 34 women as Commune Council Chiefs, and 54 women as First Deputy Chiefs.

USAID-supported human rights organizations extended their coverage by eight districts, providing 88% of Cambodia's population with access to monitoring and investigation assistance. The International Organization for Migration collaborated with the Ministry of Women's and Veterans Affairs to produce a campaign against trafficking of women and children that drew more than 72,000 people in provinces classified as "hot spots" for human trafficking. The campaign provided vulnerable and illiterate groups with information on the dangers and consequences of human trafficking, legal migration tricks used by human traffickers and services available to survivors of trafficking. USAID seeks to alter the culture of impunity that exists in the human trafficking area, through support to human rights groups for both education/awareness and prosecution through the legal system.

With USAID support, the Center Against Trafficking represents human trafficking victims in court and exerts pressure on the local courts and police to prosecute offenders in accordance with the law. For the first time in Cambodia, two human traffickers received prison sentences of ten years each, and were ordered to pay financial compensation to their victims. The Cambodian Women's Crisis Center filed a case in which a judge allegedly was bought off to rule against the victim of trafficking. The Center filed a complaint against the judge to the Supreme Council of Magistrates. The case is still under investigation. Legal Aid of Cambodia won a landmark case for victims of land grabbing in the Banteay Meanchey Province near Thailand. The dispute involved 581 families against high-ranking government and military officials who secretly obtained land ownership deeds in 1998 from the Cadastral Office, after land values increased.

2. Improved Reproductive and Child Health. This Strategic Objective had exceeded the three targets established in 1996 by the year 2000, indicating that USAID assistance in tandem with other donors and RGC efforts is establishing essential health services. While the improvements are dramatic, the base is still extremely low. Between 1996 and 2000, the use of modern contraception increased from 7% to 19% among women of reproductive age, infant mortality declined by 20% to 95 deaths per 1000 live births by the age of one year, and child mortality declined from 181 to 125 children under the age of five, according to the Cambodia Demographic and Health Survey of 2000. In FY2002, the health program expanded outreach and access to essential health services. Two Cambodian partners reached a record contraceptive prevalence rate of 30% in coverage areas. USAID partners exceeded their mid-year targets for immunization coverage in their respective areas: the percentage of children fully immunized by age one ranged from 70% to 82% in their areas.

The formulation and recent launching of the Ministry of Health's first ever five-year National Health Sector Strategy constitutes an historical accomplishment and establishes a framework for integrating health and HIV/AIDS services. The comprehensive plan identifies six core elements which mirror priorities in

USAID's program: health service delivery, behavioral change, quality improvement, human resource development, health financing, and institutional development. Some of the operational models developed with USAID support are adopted for national application in the National Health Sector Strategy.

3. **Reduced Transmission of Sexually Transmitted Infections and HIV/AIDS.** While Cambodia still experiences the highest HIV infection levels in Asia, HIV/AIDS prevalence has declined among the most vulnerable groups, with the adoption of the 100% condom use policy. HIV prevalence among adults between the ages of 15-49 decreased from 3.3% in 1996 to 2.6% in 2002, and the crude HIV prevalence decreased from 42.6% to 28.8% among direct sex workers, and from 6.2% to 3.9% among the urban police. The decline among the general population was from 3.2% to 2.8%. The sale of Number One condoms in 2002 increased to 18.5 million, 10% above USAID's target level.

USAID helps to promote and implement the HIV/AIDS program of the government, which has demonstrated strong commitment and effective action in collaboration with donors. In FY2002, the Ministry of Health adopted a strategy which integrates HIV/AIDS into the health service delivery system. The National Assembly passed HIV/AIDS legislation to address the problem comprehensively, including the mitigation of discrimination against people with AIDS. The Ministry of National Defense launched a five-year strategic plan to respond to HIV/AIDS among the military. At the Second National AIDS Conference in 2002 for 1,000 delegates from Cambodia's rural and urban provinces, the Prime Minister reaffirmed his government's commitment to fight HIV/AIDS, to address gender issues related to prevention and care, to encourage faith-based organizations to promote acceptance for people living with HIV/AIDS and to provide access for HIV treatment and counseling to victims and their families.

USAID-funded programs also informed policy makers about the HIV/AIDS epidemic, reduced high-risk behaviors in target areas, and piloted model service delivery programs for high-risk groups. Government surveys show that the greatest change in behavior appears to be among men, with significantly fewer men reporting that they sought to use commercial sex in recent weeks. USAID-funded HIV/AIDS prevention and care programs target people living with HIV/AIDS, infected and non-infected commercial sex workers, military personnel, police, motor-taxi drivers, young women working in garment factories, and many Cambodians exposed to national social marketing campaigns promoting condom use for the prevention of HIV transmission.

4. **Other Activities.** USAID's microfinance program responds to the scarcity of formal savings and credit programs available to the poor, especially in rural areas where 85% of Cambodia's population lives. Three USAID-funded partners increased the percentage of households with access to loans from 7.8% in 1996 to 21% in 2002, reaching 102,715 clients. The outstanding loan balance of partner organizations nearly doubled from 1998 to 2002, reaching \$8.8 million. Partner institutions achieved operational self-sufficiency of 90% in 2002. One NGO partner became the first of nine microfinance institutions in Cambodia to be approved as a licensed microfinance institution.

USAID has worked through Veterans International, the American Red Cross and other organizations to support the rehabilitation of the approximately 6-10% of Cambodia's population who have been impaired in landmine and unexploded ordnance incidents, or are affected by polio, cerebral palsy and other disabling diseases. From 1996 to 2002, over 55,000 assistive devices were provided at five rehabilitation centers, and over 4,600 vulnerable persons enrolled in USAID-sponsored vocational training courses. USAID's partners worked with the government to establish the Disability Action Council, a coordination and advocacy body for government agencies, donors and implementing agencies in the disabilities sector. This Council is now managed by Cambodians, and is a successful model for advocacy and interagency coordination. A national information referral system has been established to provide information on available medical and rehabilitative services, training and job opportunities to people with disabilities.

Environmental Compliance: Ongoing Strategic and Special Objectives and related activities are in compliance with their approved Categorical Exclusions.

In 2001 the Mission completed an Environmental Analysis, including Bio-diversity and Tropical Forestry Assessments, as part of its Interim Country Strategic Plan, 2002-2005. This satisfied the requirements for compliance under Sections 118(e) and 119(d) of the Foreign Assistance Act.

The Mission has obtained Categorical Exclusions for the new Strategic Objectives in the Democracy/Governance and Basic Education. The Mission has submitted the Initial Environmental Examination for Reproductive and Child Health and HIV/AIDS to the ANE Environment Officer, requesting a Categorical Exclusion.

Country Closeout & Graduation: Not applicable to USAID/Cambodia.

D. Results Framework

442-001 Strengthened Democratic Processes and Respect for Human Rights

SO Level Indicator: Increased sustainability of targeted indigenous human rights and civil society organizations

SO Level Indicator: Lawyer/public defenders providing access to services for the accused poor in 80% of courts country wide

SO Level Indicator: Passage of local and national election laws

- 1 Citizens' rights upheld through courts and dispute resolution mechanisms
- 2 System established for transparent, multi-party elections
- 3 Strengthened outreach and impact of human rights organizations

Discussion: These indicators and results have been achieved, and the Mission is moving to higher level results under the new SO, "Increased Competition in Cambodian Political Life." The results under the SO indicators consistently exceeded the targets.

For the past three years, IR 1's indicator of providing access to services for the accused poor in 80% of courts country wide has been exceeded. Currently, 88% of the courts in Cambodia have been utilizing the public defender program run by the Cambodian Defenders Project. The courts include provincial, appeals, military and the supreme court. Budgetary constraints have kept the figure from increasing further.

IR 2 has also met with success. Cambodia currently has an adequate legal basis for holding elections. The cumulative target number for election laws for the life of the SO was 4. The target was met in 2001. These laws have provided a framework for all planned elections, both national and commune level. In 2002, the National Assembly passed an amendment that reformed the National Election Committee and simplified the voter registration process. Without the political will for impartial implementation, this amendment alone is not sufficient to ensure a transparent multi-party election. Cambodia is now at the stage where it is no longer a question of passing laws to hold an election, but rather, whether the laws that have been passed are implemented in a fair and transparent manner that meets international standards for holding free and fair elections.

IR 3 has met with even greater success. Although the planned target was 12 sustainable NGOs over the life of the SO, there are 37 sustainable NGOs advocating for increased human rights and government accountability. Sustainable NGOs are defined as active in promoting human rights, public policy and democracy and able to continue to function without external administrative support. 23 of these 37 organizations have furthered their sustainability by diversifying their funding between three or more donors.

The Mission is currently in the process of designing a new PMP for the new DG SO.

442-002 Improved Reproductive and Child Health

SO Level Indicator: 1. Infant mortality rate

SO Level Indicator: 2. Under 5 mortality rate

SO Level Indicator: 3. Contraceptive prevalence rate

1 IR 1. Expanded supply of RCH services - measured by; 1) provider competence, 2) status drug and contraceptive stocks at Health Centers, and 3) policies and standards adopted

2 IR 2. Increased access to RCH services - measured by; 1) access to safe water, 2) births attended by trained health provider, availability of RCH services, VAC distribution coverage

3 IR 3. Strengthened demand for RCH services - measured by; 1) CYPs, 2) utilization rates, preventive health practices, functioning feedback committees, sale of Number One condoms.

Discussion: Discussion: The SO2 has been subsumed into the new integrated Public Health SO9, Increased Use of High Impact HIV/AIDS and Family Health Services and Appropriate Health Seeking Behaviors, effective October 1, 2002. The health sector has matured its emergency mode of service delivery, largely driven by donors and a multitude of NGOs, to a more sustainable organization of essential health services led by the Ministry of Health. The SO2 focused largely on supporting NGOs to respond the health services needs in geographical areas that were scattered throughout Cambodia, since the key health indicators are poor throughout. The Ministry of Health has taken ownership of the health sector, both in defining policies as well as in managing service delivery at the national, provincial and district levels. The new integrated SO9 denotes a strategic shift from stand-alone health interventions in specific isolated areas to a more comprehensive health systems approach within the policies and guidelines of the Ministry of Health.

Overall, the results under the old SO2 indicators have surpassed the established benchmarks. At the highest indicator level for the SO2, against the baseline data for 1995, the SO2 achieved all the key results by 2000, as reported in the Cambodia DHS and discussed in the SO Narrative above. These results cut across all four IRs and provide a clear indication of the expanded supply of, strengthened demand for and increased access to essential reproductive and child health services. For example, under IR1, the stock-out of essential drugs has been reduced to a mere 5% from nearly 95% stock-outs in 1998. Similarly, under IR2, vitamin A capsule (VAC) distribution reached 85% in USAID supported areas in the first half of 2002 compared to national VAC coverage of 29% (2000 CDHS). Utilization rates for RCH services in USAID supported areas increased almost three-fold in the first half of 2002 alone, responding to IR3 to strengthen demand for RCH services.

A new set of core indicators has been developed in collaboration with all implementing partners for the new SO. A number of the key indicators from the RCH and special HIV/STIs strategic objectives are carried into the new SO. All indicators are selected from and/or modifications of those found in the Global Health Indicators list, the Expanded Response to HIV/AIDS, the Handbook for HIV/AIDS/STI Programs, UNGASS and Child Survival and Health Guidelines. The PMP is being developed and Measure Evaluation will help finalize it in January 2003 for review by the Global Bureau's Office of HIV/AIDS.

442-003 Improved Quality of Primary Education

Discussion:

442-004 Enhanced Assistance for War and Mine Victims

Discussion:

442-005 Reduced Transmission of Sexually Transmitted Infections and HIV/AIDS among High-Risk Populations

SO Level Indicator: 1. Prevalence of selected STDs among commercial sex works in target areas.

SO Level Indicator: 2. AIDS Program Effort Index

SO Level Indicator: 3. Percentage of men in target area reporting sex with 2 or more partners in past month.

1 IR1. Policy makers are informed - measured by; 1) percentage of brothels participating in IMPACT, 2) policies, guidelines and materials adopted by others.

2 IR 2. Reduced high-risk behaviors in target - measured by; 1) percentage of men in target areas reporting always using condoms with CSWs during previous 3 months, 2) percentage of men always using condoms with sweetheart, 3) percentage of female CSW in ta

3 IR 3. Model STD/RH service delivery for high-risk populations piloted and replicated - measured by; 1) percentage of STD clients in target facilities assessed and treated according to national standards, 2) percentage of STD clients in targeted facilitie

Discussion: Discussion: The SpO5 and the attendant indicators and results have been phased into the new PHN SO9, Increased Use of High Impact HIV/AIDS and Family Health Services and Appropriate Health Seeking Behaviors, effective October 1, 2002. The SpO5 focused on motivating health-seeking behaviors among sex workers and their clients, reducing risk behaviors and increasing safer sex behaviors among populations most at risk, increasing awareness among policy-makers and improving policies that address HIV/AIDS in Cambodia. The new integrated SO9 makes a strategic shift from an exclusive focus on target groups to prevent HIV infection to include the general population, and to expand care and support for people infected and affected by HIV/AIDS.

Overall, the major prevalence and behavioral indicators for SpO5 have been met. Prevalence of STDs among direct sex workers decreased from 41.9% in 1996 to 32.6% in 2001 and of HIV from 31.5% in 2000 to 28.8% in 2002. Prevalence of HIV has also decreased for indirect sex workers from 18.8% in 2000 to 14.8% in 2002, but remained the same for police and antenatal patients. TB patients are the only sentinel population for which HIV prevalence has increased, from 6% in 2000 to 8% in 2002 among TB patients. This increase indicates the progression of the epidemic through the HIV spectrum from infection to illness and justifies the expansion of services to include prevention, care and support for people affected by co-infected by TB and HIV/AIDS. The last national HIV surveillance data were collected in late 2001 and early 2002 and released in September 2002.

Results of the most recent behavioral surveillance conducted in 2001 show continued increases in self-reported condom use by male client groups and commercial sex workers. Consistent condom use with sex workers increased among military men from 70% in 1999 to 87% in 2001. Consistent condom use reported by sex workers increased from 81% in 1999 to 91% in 2001. Condom sales have increased every year reaching 18.5 million in FY 2002, well surpassing the target of 16.8 million.

Tremendous progress has been made in the area of informing policy makers about the HIV/AIDS epidemic. The Cambodian government has recently passed an AIDS law, one of the few in all Asian countries. The law provides for the implementation of HIV prevention activities and strategies from all ministries and at all levels, from the national to the local level. It also stresses the importance of treating people living with HIV/AIDS fairly and without discrimination and stigma. USAID played a significant role in advocating for this law through two of its partners and the CPN+. In addition, the Cambodian government's 100% condom use policy (CUP) in brothels has been expanded to almost half of the 24 provinces with technical support from one of USAID's partners. Finally, the Minister of Defense has adopted an HIV/AIDS strategy to manage the epidemic within its own workforce. This initiative represents another first for Cambodia and for Asia. Policy makers in Cambodia are not only more informed about HIV/AIDS, but are adopting strong measures to mitigate the epidemic.

As a Rapid Scale-up Country, the new PMP includes the required indicators for the Expanded Response. A stand-alone HIV/AIDS strategy and implementation plan will be drafted in January 2003, with assistance from the Office of HIV/AIDS.

442-007 Expanded Access to Sustainable Financial Services

Discussion:

442-008 Other Activities in Support of Agency Objectives

Discussion:

442-009 Increased Use of HIV/AIDS and Family Health Services and Appropriate Health-Seeking Behavior

Discussion:

442-011 Increased Relevance and Quality of Basic Education

Discussion:

Selected Performance Measures - Cambodia

3/13/2003 10:59:56 AM

Indicator (all data should pertain to FY or CY 02)	OU Response	Significant Result: Description of the significant result for a strategic objective	Data Quality Factors: Information relevant to the collection of this indicator data, e.g. "this data was not collected last year because it is only collected every five years."
Pillar I: Global Development Alliance			
Did your operating unit achieve a significant result working in alliance with the private sector or NGOs?			
a. How many alliances did you implement in 2002? (list partners)			NA
b. How many alliances do you plan to implement in FY 2003?			
What amount of funds has been leveraged by the alliances in relationship to USAID's contribution?			
Pillar II: Economic Growth, Agriculture and Trade			
USAID Objective 1: Critical, private markets expanded and strengthened			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
USAID Objective 2: More rapid and enhanced agricultural development and food security encouraged			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
USAID Objective 3: Access to economic opportunity for the rural and urban poor expanded and made more equitable			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
USAID Objective 4: Access to quality basic education for under-served populations, especially for girls and women, expanded			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
a. Number of children enrolled in primary schools affected by USAID basic education programs (2002 actual)	Male	Female	Total
b. Number of children enrolled in primary schools affected by USAID basic education programs (2003 target)	Male	Female	Total
USAID Objective 5: World's environment protected by emphasizing policies and practices ensuring environmentally sound and efficient energy use, sustainable urbanization,			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
a. Hectares under Approved Management Plans (2002 actual)			
b. Hectares under Approved Management Plans (2003 target)			
Pillar III: Global Health			
USAID Objective 1: Reducing the number of unintended pregnancies			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
442-002 Improved Reproductive and Child Health	Yes		Contraceptive Prevalence Rates (CPR) achieved in USAID-supported areas is significantly higher than reported nationally in the 2000 Cambodia Demographic Health Survey (CDHS).

Percentage of in-union women age 15-49 using, or whose partner is using, a modern method of contraception at the time of the survey. (DHS/RHS)	37%			The 2000 CDHS reported CPR is 19%. USAID-supported clinics and areas reported CPR levels ranging from 29-37%. RHAC's data were based on a survey conducted among a convenience sample of 2,000 WRA in 35 randomly selected villages in 7 provinces. RACHA's data are from population-based surveys conducted every 6 mos to assess service coverage of Health Centers participating in Performance Contracting in 3 Operational Districts.
--	-----	--	--	--

USAID Objective 2: Reducing infant and child mortality

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

442-002 Improved Reproductive and Child Health	Yes			The 2000 CDHS vitamin A coverage rate is 28.5%. See below:
Percentage of children age 12 months or less who have received their third dose of DPT (DHS/RHS)	50 Male	47 Female	Total	These are 2000 CDHS results for 3rd DPT. USAID partners prefer to collect and report percent of children 12 months and younger who are fully immunized. The national coverage for this age group reported by the CDHS is 31%. PFD and RACHA reported 63% and 70% respectively in the first 6 months of 2002 for their service areas, based in PFD's mid-term household survey and RACHA's Health Center assessment survey.
Percentage of children age 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS)	41 Male	41 Female	Total	These data from PFD are based on their mid-term household survey conducted in 2001. RACHA reported a 150% increase in ORS sales in its target areas.
Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS)	88 Male	86 Female	Total	HKI is the main provider of technical assistance in nutrition education and micronutrient supplementation. They have piloted piloted vitamin A capsule distribution in selected operational districts and teamed with PFD in hard-to-service rural areas. The quality of their monitoring and evaluation and research is well-known in the region. They conducted the National Micronutrient Survey in 2000 and a comprehensive Overview of the Nutrition Sector Activities in 2002.
Were there any confirmed cases of wild-strain polio transmission in your country?	No			Polio was eradicated in Cambodia.

USAID Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

Percentage of births attended by medically-trained personnel (DHS/RHS)	35.70%			According to the 2000 CDHS, 31.8% of births are attended by medically-trained personnel. In the USAID-supported areas, the level was reported by RACHA as 35.7% using population-based surveys of women of reproductive age conducted every 6 months. The level reported is a simple average for the Health Centers participating in Performance Contracting.
--	--------	--	--	---

USAID Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

442-005 Reduced Transmission of Sexually Transmitted Infections and HIV/AIDS among High-Risk Populations	Yes			Condom sales for the fiscal year exceeded the targeted amount of 16 million by fully 10%. HIV seroprevalence among populations most at risk and for the adult population has declined for the third consecutive year.
a. Total condom sales (2002 actual)	18.5			PSI is the dominant source of condom sales in Cambodia with a well-managed MIS system for tracking all branded social marketing condoms (male and female as of 2002) to private sector wholesalers, traditional outlets (i.e. pharmacies), non-traditional outlets (i.e. brothels), the United Health Network and other NGOs. The PSI sales do not represent actual sales to customers. This figure also includes a limited number of condoms given away for promotional purposes or used to give demonstrations of proper condom use and non-label condom sold by RHAC.
b. Total condom sales (2003 target)	18			see above
National HIV Seroprevalence Rates reported annually (Source: National Sentinel Surveillance System)	2.60%			In Sept. 2002, the annual HIV Consensus Group convened by NCHADS/MoH, FHI/IMPACT, WHO, UNAIDS and others, conducted additional analysis of all HIV Surveillance Survey (HSS) data collected since 1997, using a standard epidemiologic tool (EPP). This tool provides a 'smoothing technique' that accounts for numerous variables and variations over the years of data collection to adjust the results and arrive at a trend curve that more realistically portrays the current state of affairs. Based on this recent analysis, national prevalence for the adult population has declined from 3.3% in 1999 to 2.6% in 2002.
Number of sex partners in past year (Source: national survey/conducted every 3-5 years)per DHS or other survey)				This is not one of the indicators collected or reported by the Behavioral Surveillance Survey (BSS) in Cambodia. The 2000 CDHS did not include HIV-related behavior questions.

Median age at first sex among young men and women (age of sexual debut) ages 15-24 (Source: national survey/conducted every 3-5 years) per DHS or other survey)	0 Male	20 Female	20 Total		The 2000 CDHS was conducted only among women of reproductive age. Women who are not involved in commercial sex rarely marry before the age of 20 and rarely have sex before marriage. USAID-supported partners do not consider this indicator relevant to the majority of women in Cambodia. Nevertheless this indicator may remain in the core list of indicators for the 2002-05 PMP to track young women and men in Phnom Penh.
Condom use with last non-regular partner (Source: national survey/conducted every 3-5 years)per DHS or other survey)	83%				Self-reported condom use among male clients (i.e. military, police, moto-drivers) with female sex workers has increased from 74% in the 1999 HSS to 83% in the 2002 HSS. These are unweighted reports from the 3 male client groups. The National HIV Surveillance System, managed by NCHADS with technical assistance from FHI/IMPACT is one of the most well-regarded surveillance systems in Southeast Asia.
Number of Clients provided services at STI clinics	86896				These data represent reports from implementing agencies who provide typically provide services to direct and indirect sex workers through subcontracts with FHI/IMPACT in rural areas. Data also include reports from provincial sexually transmitted infections (STI) clinic in 12 provinces. It is difficult to eliminate double counting between the NGO clinics and the provinces if the sex workers seek services in both locations. Data from RHAC's six clinics are also included as are data from CARE's 3 clinics.
Number of STI clinics with USAID assistance	38				USAID supports the full cost of 5 clinics and partial costs of one clinic operated by RHAC, 15 operated by RACHA and 15 100% condom use government provincial STI clinics that rely on the national health information data collection and reporting system. The system itself is a good system, but there is evidence of data inflation and other reasons to be cautious about data reliability, depending on the province.
Number of orphans and other vulnerable children receiving care/support	5855				These data are reported by community NGOs contracting with FHI/IMPACT, KHANA and CARE and are actual counts of individuals receiving service.
Number of Orphans and Vulnerable Children programs with USAID assistance	41				FHI supports 6 and KHANA supports 35 NGOs and projects.

Number of community initiatives or community organizations receiving support to care for orphans and other vulnerable children	41				same as above.
Number of USAID-supported health facilities offering PMTCT services	0				
Number of women who attended PMTCT sites for a new pregnancy in the past 12 months	0				
Number of women with known HIV infection among those seen at PMTCT sites within the past year.	0				
Number of HIV-positive women attending antenatal clinics receiving a complete course of ARV therapy to prevent MTCT (UNGASS National Programme & Behavior Indicator #4)	0				
Number of individuals reached by community and home-based care programs in the past 12 months	6226				These are actual numbers reported through the systems that FHI and KHANA have developed to monitor progress, impact and beneficiaries reached among their respective subcontractors. These systems will undergo review by USAID in 2003. The FHI system is based on a successful USAID funded project in India and KHANA's system has benefited from technical assistance from JICA and the International AIDS Alliance.
Number of USAID-assisted community and home-based care programs	35				These are NGO contractors with FHI/IMPACT and KHANA
Number of clients seen at Voluntary Counseling and Testing (VCT) centers	3264				These data are from the voluntary counseling and testing (VCT) reporting system managed by the government, NCHADS, for its 6 clinics; 2 in Phnom Penh and 4 in rural provinces. These data can not be attributed to USAID-support, but are included here to help set baseline for the new integrated strategic objective. A number of partners will work closely with MoH/NCHADS to expand and strengthen access and availability to voluntary counseling and testing in the new USAID-supported 7 province focus area.
Number of VCT centers with USAID assistance					In the first 6 months of 2002, the Cambodia government, NCHADS operated 6 clinics, by 1 November 2002 there were 13. None received USAID support.
Number of HIV-infected persons receiving Anti-Retroviral (ARV) treatment					
Number of USAID-assisted ARV treatment program					

a. Number of individuals treated in STI programs (2002 actual)	5,125 Male	29,501 Female	34,626 Total		These data and the data above represent the number of clients covered. The number of treatment contacts is close to double this figure. RHAC, RACHA, FHI & CARE facility data show that individuals at increased risk for HIV infection and transmission tend to make, on average, from 1.3 to 2 visits to the clinics in a 6 month period.
b. Number of individuals treated in STI programs (2003 target)	100,000 Male	400,000 Female	500,000 Total		same as above.
a. Is your operating unit supporting an MTCT program?	No				
b. Will your operating unit start an MTCT program in 2003?	No				
a. Number of individuals reached by community and home based care programs (2002 actual)	3,300 Male	2,926 Female	6,226 Total		These are actual numbers reported through the systems that FHI and KHANA have developed to monitor progress, impact and beneficiaries reached among their respective subcontractors. These systems will be reviewed by USAID in 2003. The FHI system is based on a successful USAID funded project in India and KHANA's system has benefited from technical assistance from JICA and the International AIDS Alliance.
b. Number of individuals reached by community and home based care programs (2003 target)	4,240 Male	3,760 Female	8,000 Total		These are estimates arrived at using projections from the Asia Epidemic Model (AEM) for estimating the direction and magnitude of the HIV/AIDS epidemic in Cambodia. These estimates were agreed to by the 3 USAID-funded implementing partners.
a. Number of orphans and vulnerable children reached (2002 actual)	2,577 Male	3,278 Female	5,855 Total		These data are reported by community NGOs contracting with FHI/IMPACT, KHANA and CARE and are actual counts of individuals receiving service.
b. Number of orphans and vulnerable children reached (2003 target)	3,710 Male	3,920 Female	7,630 Total		These are estimates arrived at using projections from the Asia Epidemic Model (AEM) for estimating the direction and magnitude of the HIV/AIDS epidemic in Cambodia. These estimates were agreed to by the 3 USAID-funded implementing partners.
a. Number of individuals reached by antiretroviral (ARV) treatment programs (2002 actual)	0 Male	0 Female	0 Total		
b. Number of individuals reached by antiretroviral (ARV) treatment programs (2003 target)	Male	Female	Total		

USAID Objective 5: Reducing the threat of infectious diseases of major public health importance

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

a. Number of insecticide impregnated bed-nets sold (Malaria) (2002 actual)	46000			This figure includes the number distributed plus the number impregnated, for a total of 167,000 beneficiaries in 188 villages in Kratie and Stung Treng, based on annual distribution records maintained by the CNM (National Malaria Center, MoH).
b. Number of insecticide impregnated bed-nets sold (Malaria) (2003 target)				This target is currently under discussion and will be developed in early 2003.
a. Proportion of districts implementing the DOTS Tuberculosis strategy (2002 actual)	50%			This is the national coverage data collected and reported by the National TB Program, NTP/MoH. 456 of the currently functional Health Centers offer TB-DOTS. By 2005, MoH expects all 956 projected Health Centers to be in place and by 2003 the MoH expects 650 to be fully functional. These data can not be attributed to USAID-support, but are reported because the new SO aims to support the expansion of TB-DOTS.
b. Proportion of districts implementing the DOTS Tuberculosis strategy (2003 target)	75%			

Pillar III: Democracy, Conflict and Humanitarian Assistance

USAID Objective 1: Strengthen the rule of law and respect for human rights

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

442-001 Strengthened Democratic Processes and Respect for Human Rights	Yes			<p>The Center Against Trafficking (CAT), implemented by the Cambodian Defenders Project (CDP), is representing trafficking victims in court and exerting pressure on the local courts, police and court officers to prosecute offenders in accordance with the law. For the first time in Cambodia and as a direct result of CAT's intervention, two human traffickers were sentenced 10 years in prison each and ordered to pay compensation to their victims.</p> <p>Data from CDP.</p>
--	-----	--	--	---

USAID Objective 2: Encourage credible and competitive political processes

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

442-001 Strengthened Democratic Processes and Respect for Human Rights	Yes			For the first time ever, people were able to elect their local government. Out of these 11,261 seats, Women candidates won 954 seats, increasing their representation from less than 1% to 8.5%, including 34 women elected as Commune Council Chiefs, and 54 as First Deputy Chiefs. 954 women were elected as representatives to the commune councils, compared to ten women prior to the elections (an increase of 954%). More than 650 of these women (65%) were trained to assume their political duties by a USAID-funded local partner, Women for Prosperity (WFP). Prior to the commune elections, only three out of 1621 (0.2%) commune chiefs were women, all based in Phnom Penh.	Data from Women for Prosperity, a Cambodian NGO.
--	-----	--	--	--	--

USAID Objective 3: Promote the development of politically active civil society

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

442-001 Strengthened Democratic Processes and Respect for Human Rights	Yes			Since USAID initiated assistance to promote civil society development in Cambodia, the number of Cambodian NGOs has increased from only one in 1992, to more than 1000 registered and active civil society organizations in 2002. These NGOs are pressing for democratic reform and enforcement of human rights legislation, promoting women in politics, delivering health and HIV/AIDS services and supporting basic education. There are currently 37 active NGOs in the human rights and democracy arena, well beyond USAID's target of 12.	This data is provided from The Asia Foundation and government sources.
--	-----	--	--	---	--

USAID Objective 4: Encourage more transparent and accountable government institutions

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

USAID Objective 5: Mitigate conflict

Did your program in a pre-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

Did your program in a post-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

Number of refugees and internally displaced persons assisted by USAID	Male	Female	Total	
---	------	--------	-------	--

USAID Objective 6: Provide humanitarian relief

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

Number of beneficiaries				
Crude mortality rates	%			
Child malnutrition rates	%			
Did you provide support to torture survivors this year, even as part of a larger effort?				
Number of beneficiaries (adults age 15 and over)	Male	Female	Total	
Number of beneficiaries (children under age 15)	Male	Female	Total	